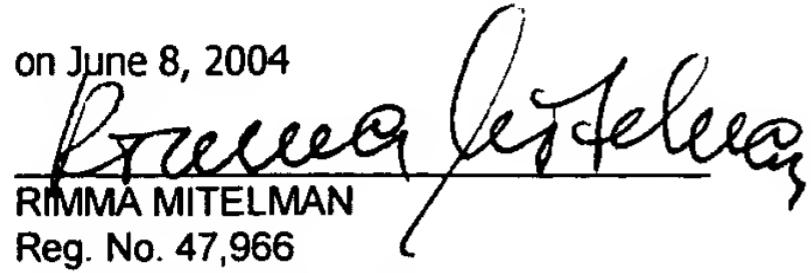


**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to:

"Commissioner for Patents,  
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on June 8, 2004

  
RIMMA MITELMAN  
Reg. No. 47,966  
Attorney for Applicant(s)

06/08/04  
Date of  
Signature

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer No.: 000201  
Attorney Docket No.: C7535(V)  
Applicant: Davis et al.  
Serial No.: 09/742,690  
Filed: December 20, 2000  
For: Detergent Compositions Comprising Benefit Agents

Group: 1652  
Examiner: M. Rao  
Edgewater, New Jersey 07020  
June 8, 2004

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 8, 2004, please consider the following amendments and remarks:

**Amendment to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 4 of this paper.

O  
JUN 10 2004  
PATENT & TRADEMARK OFFICE

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on June 8, 2004

Rimma Mitelman  
Reg. No. 34,396  
Attorney for Applicant(s)

06/08/04  
Date of  
Signature

UNITED STATES DEPT. OF COMMERCE  
Patent and Trademark Office

Attorney Docket No.: C7535(V)  
Applicant: Davis et al.  
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June 8, 2004

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.  
 No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED

	(2) * Claims Remaining After Amendment		(4)** Highest No. Previously Paid For	(5) Present Extra	(6) Rate	(7) Additional Fee
Total Claims		Minus			\$ 18.00	
Independent Claims		Minus			\$ 80.00	
Multiple Claims					\$ 270.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$

\*If the entry in Column (2) is less than the entry in Column (4), write "0" in Column (5).

\*\*If the "Highest No. Previously Paid For" is less than "20," write "20" in this space.

Charge \$ \_\_\_\_\_ to Deposit Acct. #12-1155. Triplicate copies of this letter are enclosed.  
 The Commissioner is hereby authorized to charge any additional fees, which may be required to our deposit account No. 12-1155, including all required fees under

37 C.F.R. § 1.16;  
 37 C.F.R. § 1.17;  
 37 C.F.R. § 1.18.

Triplicate copies of this letter are enclosed.

RM/sa  
201) 840-2671

Rimma Mitelman  
Registration No. 34,396  
Attorney for Applicant(s)

Rimma Mitelman